



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
WORKFORCE EDUCATION AND TRAINING (WET) DIVISION

LICENSURE PREPARATION PROGRAM (LPP)
EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

The WET Division announces a limited number of slots available at a discounted rate for the MHSA WET-funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

The following study package is available through the Association of Advanced Training in Behavioral Sciences (AATBS):

AATBS EPPP Gold Package Includes:

- Exam Strategies Package
- Comprehensive Study Volumes
- Content Summary Audio CD Library
- TestMASTER
- TestMASTER Final Exam
- TestPRO
- Live 4-Day Workshop
- Color-Coded Flashcards
- Expert Phone Consultation

Visit www.aatbs.com for more details about the package.

Retail Value: \$1,700 MHSA WET Participant Price: \$100

EPPP Workshop Dates and Location

Date: Thursday, February 20, 2014 – Sunday, February 23, 2014

Time: 8:00 am – 5:00 pm

Location: Handlery Hotel, 950 Hotel Circle North, San Diego, CA 92108

Application Deadline: February 18, 2013 or when slots are filled. Space is limited.

Attendance to the Live 4-Day Workshop is MANDATORY for all MHSA-WET Participants

Eligibility:

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have completed the required supervision hours
- **APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION**
- Currently providing a minimum of 65% of their time in direct clinical services in public mental health
- Has not previously participated in the MHSA WET-funded LPP for the EPPP; this package is available one time per individual.

Priority will be given to clinicians who meet at least one of the following criteria:

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the EPPP

INSTRUCTIONS:

1. Please **scroll down** for the application form, which must be completed and faxed to Angelica Fuentes at (213)252-8776. **In addition, please attach the necessary documentation (i.e. eligibility letter or web print out) indicating board approval to take the exam.** Applications will be accepted until **February 18, 2014**, or when capacity is reached.
2. Once approved, an e-mail confirmation will be sent to participants.
3. Participants will be given a phone number to register and pay the non-refundable fee of \$100 by VISA, MasterCard or American Express to AATBS.
4. AATBS will register participants for the requested workshop and mail the study package to the address provided on the application when payment is received.

All applications are reviewed. Submission of application does not guarantee approval.

CONTACT: Angelica Fuentes, LCSW E-mail: afuentes@dmh.lacounty.gov



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EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

Print Only

TITLE: LPP Examination for Professional Practice in Psychology

DATE(S): Thursday, February 20, 2014 to
Sunday, February 23, 2014

FIRST NAME:

LAST NAME:

JOB TITLE:

DISCIPLINE:

ETHNICITY:
(optional)

AGENCY:

PROGRAM:

MAILING ADDRESS FOR STUDY PACKAGE:

CITY:

STATE:

ZIP:

PHONE #:

E-MAIL:
(required for information)

LANGUAGE(S) FLUENCY:
(other than English)

Service area of employment: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Have you previously taken the EPPP? Yes ☐ No ☐

Is your license-waivered agreement with your employer expiring within 12 months? Yes ☐ No ☐

Name of Applicant (Print) is currently providing a minimum of 65% of his/her time in direct clinical services in public mental health; is in good standing with his/her employer with no disciplinary action within the last 12 months; has successfully completed the required supervision hours; and is approved by the board to take the EPPP.

Name of Applicant (Print) Agrees to the following terms and conditions:

- Complete the licensure preparation program by attending the mandatory workshop and participating in all the offerings of the program.
- Provide the WET Division examination results and any other information relating to employment and promotional status.
- Understands that the mandatory workshop is to be taken on his/her own time.

The WET Division will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of \$100 by VISA, MasterCard or American Express.

Return Application to:

Angelica Fuentes, LCSW
WET Training Coordinator
Fax: (213)252-8776
E-mail: afuentes@dmh.lacounty.gov

Signature of Applicant

Date

Signature of Supervisor

Date

Name of Supervisor

Supervisor's Phone #

Supervisor's E-mail Address